

Committee has plenty to do to distract him from thinking of making remarks. I am delighted that he happened to be within the sound of my voice for this occasion.

And as Senator CARDIN proceeds toward the last 5 months of his distinguished service, in both the House and Senate, I do think it speaks volumes that he has been so appreciative and benefited so much from the great patriotic work of Eddie Crossman.

I yield the floor.

The PRESIDING OFFICER. The senior Senator from Maryland.

SUDAN

Mr. CARDIN. Mr. President, I come to the floor today to once again call attention to the ongoing conflict in Sudan. Our Presiding Officer knows about this conflict very well. It is one of the most tragic circumstances that we have anywhere in the world. The humanitarian crisis is beyond description. The ethnic cleansing and tragedies of two factions at war has made this a living hell for so many people in that region.

After more than a year of brutal violence, the two sides may come together soon to talk. We certainly hope that is the case. This is a critical first step to ending the fighting that erupted last year in a country that has seen decades of war.

I want to acknowledge the Biden-Harris administration and Special Envoy Tom Perriello for their work in Sudan. It was not easy to get here, and I hope the effort to launch a dialogue this month is successful.

Despite the best efforts of this administration, the violence and humanitarian crisis continues, and the international community is falling willfully short.

While we wait for talks to begin, civilians on the ground are being killed, abused, and forced out of their homes. Nearly 11 million people have been displaced, half the population—close to 26 million—face crisis levels of starvation. So 750,000 people are on the brink of starvation. According to one published report, 2.5 million more people will die because of the conditions related to the conflict and the use of food as a weapon of war.

Credible rights organizations claim that genocide has once again occurred in Darfur. I remember Darfur, and we said never again. And it is happening again in Darfur. But there are no clear U.S. or U.N. plans to ensure humanitarian access across borders or across military lines.

As the chair of the Senate Foreign Relations Committee, I come to the floor to say we need to take urgent action now. We need to work with our partners and allies to pressure the parties to agree to an immediate ceasefire and for both sides to make it stick this time.

To its credit, the Biden-Harris administration has imposed sanctions on a variety of actors, including at the senior levels of both warring parties.

But our partners and allies have not followed suit. In fact, just this week, the Sentry released an analysis of the multilateral sanctions regime and found that the European Union, in particular, has lagged behind in this implementation.

It is time—it is past time—to do more. It is time for our allies to prioritize these measures so we are speaking with one voice to the warring parties.

We need also to work urgently with our African and European partners to devise concrete measures the international community can take to protect civilians from a repeat of last year's mass atrocities. And we need to focus on the next phase: creating and protecting space for the Sudanese civilians to establish a path toward a peaceful democratic transition and accountability for those responsible for the atrocities in contravention of international humanitarian law, including unspeakable acts of sexual violence and systematic use of starvation as a weapon of war.

We should not let them get away with their corrupt schemes that pillage the Sudanese people's resources. We should not let them extinguish Sudan's transition to democracy. That means taking steps against those actors who supply or facilitate arms and military materiel to any side in Sudan.

It means enforcing the existing United Nations arms embargo and pushing for its extension to cover all of Sudan so that neither side responsible for the violence is protected or immune.

And it means working collectively through the United Nations and other multilateral institutions to support these efforts. And it means that the international community and the United Nations must pursue any and all means to deliver humanitarian assistance into the hands of the Sudanese people and ensure robust funding for the humanitarian response as the situation demands.

Sierra Leone is taking up the presidency of the Security Council. It is imperative that we work together on action plans to protect civilians, on support for coordinated peace negotiations, on initiatives to end the impasse on humanitarian access, and on accountability.

I have said this before, but every life is precious. The Sudanese people want to live in peace and security and prosperity. And so I urge all those who fight for justice, for those who fight against atrocities, for those who fight against famine, let us come together with the Sudanese people and, after decades of war, let us end this conflict once and for all.

NATIONAL MINORITY MENTAL HEALTH MONTH

Mr. President, I have been in the Senate now for 18 years, and I am proud of the progress that we have made in dealing with mental health. I served in the Senate with the late Senator Ted Kennedy as he fought for

mental health parity. So that once and for all we would find that a person who suffers from mental illness would get the same type of respect, attention, and coverage as someone suffering from a physical illness.

We recognize that mental health is an illness, and mental health parity was important. We have made progress. During COVID-19, I was very proud that we had bipartisan efforts to expand telehealth to mental health because we recognize that access was critically important and that during COVID, getting access to healthcare was particularly challenged.

And then in the Safer Communities Act, which we all supported here, we provided help to our children in our schools suffering from mental illness. So we have made progress. We have made progress. But more needs to be done.

I rise today to urge my colleagues to recognize that we have just completed July as National Minority Health Awareness Month. So I want to comment on the gap that exists in regard to mental health services and our minority communities.

This July, the U.S. Department of Health and Human Services Office of Minority Health is focusing on improving mental health outcomes for all communities through this year's theme: "Be the Source for Better Health."

Let this month—and all month—serve as an opportunity to bring awareness of these mental health challenges and recommit our efforts to tackling longstanding health disparities in the United States.

Unfortunately, the subject of mental health is surrounded by stigma. About half of all people in the United States will be diagnosed with a mental health disorder at some point in their life. Mental illness can have a devastating impact on the individual as well as their surrounding community.

Racial and ethnic minorities often suffer from poor mental health outcomes due to multiple factors, including lack of access to quality mental health care services, cultural stigma surrounding mental health care, discrimination, and overall lack of awareness about mental health.

Today, because of deep-rooted inequalities that exist in our society, including those in our healthcare system, communities of color continue to face health disparities that result in poorer quality of life and lower life expectancies when compared to their White counterparts.

According to the Kaiser Family Foundation 2023 analysis, 39 percent of Black or African-American adults and 36 percent of Hispanic Latino adults who reported fair or poor mental health were less likely than White adults to say that they received mental health services in the past 3 years.

In our country, we are incredibly fortunate to have the National Institute on Minority Health and Health Disparities at the National Institutes of

Health. And I was proud to help create that division of the national health system. Our national health status depends on our ability to improve health of all communities and eliminate mental health disparities.

The stigma surrounding mental health poses challenges for communities of color. Among adults who receive or try to receive mental health care, Asian and Black adults are more likely to report difficulty finding a provider who can understand their background and experiences compared to their White counterparts. Hispanic adults also reported being afraid or embarrassed to seek care. These are circumstances that we have to acknowledge and we have to deal with.

Suicide is one of the leading causes of death in the United States. Certain groups have disproportionately high rates of suicide. Between 2011 and 2021—those 10 years—the suicide death rate showed a substantial increase among people of color. There was a 70-percent increase among American Indian and Alaskan Native people, followed by a 58-percent increase among Black people and a 39-percent increase among the Hispanic population.

Thanks to the Biden-Harris administration, 9-8-8, the Suicide and Crisis Lifeline, has served as a resource for over 20 million callers looking for support in times of distress. These numbers are to be commended. However, overall awareness remains low, particularly among Black, Hispanic, and Asian adults.

The Kaiser Family Foundation reported that immigrant adults—those with limited English proficiency—were less likely to have heard about the 9-8-8 number compared to U.S.-born and English-proficient individuals.

A 2023 Milliman Report found that over half of the U.S. populations live in counties that are entirely designated as “Mental Health Professionals Shortage Areas.” The mental health provider workforce has not increased. The country has less than a third of the psychiatrists needed to meet provider shortages. The national average self-pay cost for someone who does not have insurance is over \$170 per visit. These out-of-pocket costs that individuals can face can serve as a barrier to care.

This is simply unacceptable. Stigma, cost, and provider shortages prevent many individuals from receiving necessary mental health care. We must act to improve access to high-quality, evidence-based mental health care services in our country.

Maternal mental health has been a persistent issue that has deeply affected individuals of families across our Nation. Depression, anxiety, and substance use disorder are the most prominent complications of pregnancy, childbirth, and postpartum. According to the CDC, one of eight women experience postpartum depression, and 50 percent of them are untreated.

While maternal mental health disorders impact all women, there is evi-

dent disparity in the rates at which certain racial and ethnic groups are affected. Women of color are three to four times more likely to experience complications during pregnancy and childbirth and die from these complications than White women. Despite this alarming statistic, these mothers of color—and Black mothers, in particular—are still less likely to receive both a diagnosis and treatment for these disorders.

Many factors affecting mental health and well-being later in life start during childhood and adolescence. Certain social and economic circumstances, such as experiencing a trauma, which is all too common, particularly in minority communities; economic circumstances, again, in the underserved communities and minority communities; lacking a support system; and having limited access to healthcare leave racial and ethnic minorities and American Indian children and Alaska Native children and adolescents at an increased risk for many mental health problems that are preventable.

Children and their families lack access to high-quality specialty child and adolescent behavioral health care. There is currently a shortage of inpatient child and adolescent psychiatric beds. We say our youth are our priority, and yet we don't provide the beds for the mental health services for our children.

According to the American Academy of Child and Adolescent Psychiatry, there are over 1.3 million children under the age of 18 in my State of Maryland but only 386 practicing child and adolescent psychiatrists. This means that, for every 100,000 children, there are 28 professionals covering them. Unfortunately, the number of counties in Maryland that had no child or adolescent psychiatrists available has increased from 6 to 9. We only have 24 jurisdictions in our State, and 9 of them have zero help for child psychiatry. This is simply unacceptable. Children should have access to a full range of prevention, early intervention, and treatment options within all mental health care systems.

The time to act is now. The lack of behavioral health services in Maryland and the United States prompted me to help introduce the Medicaid Ensuring Necessary Telehealth is Available Long-term Health for Kids and Underserved Act in 2022. It is a long title but an important title. This bipartisan legislation offered guidance to the Centers for Medicare and Medicaid Services to increase access to behavioral health services and treatment via telehealth.

Also, in 2022, I voted to help pass the Bipartisan Safer Communities Act, which included a provision to allocate funding to support school-based mental health service providers.

I am proud to have supported the Health Equity and Accountability Act since its introduction to the Senate. This comprehensive legislation aims to address health disparities throughout

our healthcare system, including eliminating structural barriers that contribute to mental health and substance use disorder inequities.

Older adults' mental health needs are often forgotten or thought not necessary. In 2020, the Kaiser Family Foundation found that one in four adults aged 65 and older reported anxiety or depression. Among Medicare beneficiaries, older Hispanic adults reported the highest rates of being diagnosed with mental health conditions. The number of psychiatrists accepting Medicare has declined over time—greater need, less providers, particularly in minority communities. We must find ways to expand mental health resources to older Americans in our Medicare system.

I was happy to reintroduce the bipartisan Telemental Health Care Access Act. This legislation would eliminate certain restrictions or remove barriers to telemental health services for Medicare beneficiaries. While this legislation increases access to mental health care, Congress can always do more. Underserved communities and older American adults may experience barriers to telehealth access. We have to make sure that is available.

It is one thing to provide the services; it is another thing to make sure there is access to the services. People need to know about it. They need to know it is available. We need to have providers that participate in it need. We need to have reimbursement systems that recognize this. All of that has to come together. Unfortunately, when we look at the underserved communities and minority communities, it is much more of a challenge.

Behavioral health equity is the right of all individuals—regardless of race, age, ethnicity, gender, disability, socioeconomic status, sexual orientation, or ZIP Code—to access high-quality and affordable healthcare support.

Mental health affects the lives of so many Americans. As a nation, we have made great progress in better supporting individuals and communities. So let us, at this time, honor the National Minority Mental Health Awareness Month, which was held in the month of July. Let us commit to working together to improve mental health care for all of our country. The United States has an ever-changing cultural landscape. We all know that. We must continue to find ways to make sure that no one group gets forgotten. We must prioritize health equity every month.

I urge my colleagues to join me as we continue to improve behavioral health for everyone in the United States and work together to ensure the elimination of health disparities.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Hawaii.

Ms. HIRONO. Mr. President, I want to start by thanking my colleague from Maryland, Senator CARDIN, for pointing out the need for mental

health services in our country and the disparities that exist in our country in providing such services. I thank Senator CARDIN.

FIRST YEAR ANNIVERSARY OF MAUI WILDFIRES

Mr. President, next week marks 1 year since fires tore through Lahaina and Upcountry on the island of Maui. As we mark 1 year, we can never forget the tragedy that unfolded on that day.

August 8 is a day the people of Maui and Hawaii will never forget. In a matter of hours, an entire town—once the seat of the Kingdom of Hawaii—burned to the ground.

The loss of the town loved by so many was devastating, but even more tragic was the human toll. The fires claimed 102 lives—kupuna who had lived in Lahaina for decades, keiki born and raised in Lahaina, and many more beloved members of this community. Today and every day, we mourn their losses as we keep their *ohanas* and all who loved them in our thoughts.

The past year has been harrowing for those families and for all those impacted by this tragedy, many of whom lost their hopes and nearly all their possessions in an instant, and, in some cases, saw their places of work burn to the ground—losing their jobs on top of everything else. In the years since, they have had to navigate the challenges of rebuilding their lives—finding housing, getting their keiki back to school, and trying to regain a sense of normalcy amidst confusion and trauma.

The continuing trauma these survivors face is real. They have experienced financial, mental, and physical hardship. Many have had to move multiple times and now face under- or unemployment. The uncertainty and instability have left many feeling like they are fighting just to survive.

But, in these dark times, what has also come to the fore is the unity of this community, a unity that has provided a glimmer of light illuminating the path forward—neighbors coming together to provide essential resources in the early days after the fire, strangers who have opened their doors to survivors in need of a place to live, and relief workers who have come from across the country to lend their expertise to Maui's recovery.

The Federal family of Agencies that has been on Maui since just hours after the fires occurred has been and continues to be a key part of Maui's recovery. From FEMA's work in helping with cleanup and housing to the Army Corps' rebuilding of King Kamehameha III Elementary School in a matter of weeks, and so much more by so many, the Federal Government and the Biden-Harris administration have been there for the people of Maui.

Of course, we can never forget the President—President Biden—coming to Maui and saying that this recovery was not going to be top-down, that we would listen to the people of Lahaina and Maui.

Over the past year, the Federal Government has delivered more than \$1 billion for Maui's recovery, including more than nearly \$450 million in direct payments to survivors. This support has been critical in providing some sense of stability to our communities.

But the reality is Lahaina's recovery will take time, resources, and continuity of effort. As is often the case with disasters of this magnitude, much more Federal support will be needed in the months and years ahead to ensure Maui's long-term recovery.

For example, there is work to be done to get people into long-term, sustainable housing—suitable housing—especially given the affordable housing crisis that existed on Maui before this tragedy.

We need CDBG-DR funding to help rebuild Lahaina's critical infrastructure for things like water and electricity, to lay the groundwork for Lahaina's eventual rebuilding.

And we need to resupply the Disaster Relief Fund to make sure other communities facing disasters can get the rapid support they need—support that has been essential to Maui's recovery.

This means that, before this year comes to an end, we must commit to a supplemental funding bill that will provide the resources that Maui needs and that other communities throughout our country impacted by disasters will need. So I come to the floor to remind my Senate colleagues of the importance of getting this funding done.

To the people of Maui, we are Maui strong. Guided by the voices and values of the people of Lahaina, we will rebuild by coming together in solidarity.

Mahalo nui loa.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

BIDEN ADMINISTRATION

Mr. BARRASSO. Mr. President, last week, President Biden gave what many consider to be his farewell address. Americans are eager to say “farewell” and, in many ways, “good riddance” to Joe Biden and the policies that he has wrought, along with Democrats, upon our country. It has been a record of ruin.

When Americans look at the state of our Nation today, they don't like what they see. Three out of four Americans will tell you that the country is heading in the wrong direction. Prices are 20 percent higher than they were when Joe Biden and KAMALA HARRIS came into office. People are forced to cut back, forced to decide whether they can fill their gas tanks or their grocery carts. According to CNN, nearly 40 percent of all Americans say they worry that they can't pay their bills.

So how did we get here?

Well, Democrats passed trillions of dollars in reckless, radical, and runaway spending. It was so unpopular as a proposal—and Congress heard from the American people as to how unpopular it was—it was so unpopular that, at a point, it was tied—the vote—and then

they had to bring in someone to break the tie. Who was that person who cast that tie-breaking vote that brought us 40-year-high inflation and the highest prices in 40 years for which so many people suffer today? That person was Vice President KAMALA HARRIS. That is right, Vice President HARRIS, who is now the nominee of the Democratic Party, running for President. She is the one who came into this Chamber to cast the vote to break the tie that fueled the highest prices that we continue to experience today.

We also have a very long national nightmare occurring at our southern border. That is yet another result of the dangerously liberal agenda of Vice President HARRIS. We had a secure border 4 years ago. Then Joe Biden and KAMALA HARRIS came into the White House. Biden and HARRIS canceled the border wall. Biden and HARRIS canceled “Remain in Mexico.” They replaced detain-and-deport with catch-and-release. President Joe Biden and Vice President KAMALA HARRIS presided over an invasion of our southern border by 10 million illegal immigrants.

Since the time that Vice President HARRIS was appointed as border czar, millions and millions of illegal immigrants have come into the country, millions and millions of more known “got-aways” hiding from authorities have gotten into this country. There is a total, we are looking at, of 10 million illegal immigrants now in our communities.

Many communities across this country are overrun and overwhelmed. Yet Joe Biden and KAMALA HARRIS don't seem to care. They don't seem to care about the drugs and the death and the destruction that are harming American families from coast to coast.

Vice President HARRIS has a view of border security that, to me, is particularly twisted and tortured. Here is her view, and she stated it: Basically, if you are an illegal immigrant, you are not a criminal, according to KAMALA HARRIS. But if you are an agent of Immigration and Customs Enforcement, ICE, in her words, you are comparable to the Ku Klux Klan. That is from the Vice President of the United States.

She also believes this: If you are an illegal immigrant, you are entitled to free healthcare. If you are an American citizen, she proposes that you would actually lose your ability to choose your healthcare and that private healthcare in this country would be eliminated. No private healthcare for American citizens who would then be forced to pay for healthcare for illegal immigrants—that is the view of the Vice President of the United States and now the candidate for President for the Democratic Party. It is ignorant; it is insulting; and it is out of touch.

If her views are America's policy, millions and millions more illegal immigrants will continue to flood across our southern border. It is a magnet drawing people in.

It wasn't that way 4 years ago under the Trump administration. Back then,